

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 10/18/01.
 - b. The request was received on 02/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - c. TWCC 62
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. No carrier sign sheet, initial response or 14 day response is found in the case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 01/10/02:

“If you refer to page 4 of the TWCC Medical Fee Guidelines and there you will see that the code 61712 is to be used with 63081 for the use of the operating microscope. Page 4 states that, ‘DOP is required and reimbursement shall be set at 25% above the MAR.’ We billed well under 25% of the code 63081....Page 174 states that, ‘61712-DOP-microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure).[sic]”
2. Respondent: No Response Found

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/18/01.
2. The decision is rendered on the denial codes submitted to the provider prior to submission of the request for medical dispute.
3. Per the provider TWCC-60, the amount in dispute is \$925.00; the amount paid was \$0.00; the amount in dispute is \$925.00.
4. The carrier denied the billed services by codes, “G – UNBUNDLING INCLUDED IN ANOTHER BILLED PROCEDURE” and “F – FEE GUIDELINE MAR REDUCTION”.

5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10/18/01	61712	\$925.00	\$0.00	G,F	DOP	MFG III (A); CPT Descriptor; MFG Page 4 – 20 Modifier descriptor; SGR (I) (D) (2)	Medical documentation indicates the service was rendered as billed. The CPT descriptor for 61712 states, "Microdissection, intracranial or spinal procedure (list separately in addition to code for primary procedure)." CPT code 61712 is not considered a global . In accordance with MFG SGR (I) (D) (2), "Procedures that are performed only as additions to other procedures are already reduced accordingly in the fee guideline and shall not be further reduced as per the Multiple Procedure Rule. The following codes shall not be reduced by the Multiple Procedure Rule: 61712. Reimbursement of \$925.00 is recommended.
Totals		\$925.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$925.00 .

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$925.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of September 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm